CHAPTER 7
SECTION 4.4

PROSTHETIC DEVICES

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I. HCPCS PROCEDURE CODES

Level II Codes L5000 - L9900, V2623 - V2629

II. DESCRIPTION

An artificial substitute for a missing body part.

III. POLICY

A. Prosthetic devices necessary because of significant conditions resulting from trauma, congenital anomalies, or disease may be covered. Surgical implants that are approved for use in humans by the U.S. Food and Drug Administration are covered as an essential and integral part of an otherwise covered surgical procedure.

B. As of May 20, 1999, the purchase of prosthetic devices is expanded to include, but not limited to, ears, noses, and fingers, as determined by the Secretary of Defense, to be necessary because of significant conditions resulting from trauma, congenital anomalies, or disease.

C. Prosthetic devices with an FDA-approved investigational device exemption (IDE) categorized by the FDA as non-experimental/investigational (FDA Category B) will be considered for coverage. Coverage is dependent on the device meeting all other requirements of the law and rules governing TRICARE and upon the beneficiary involved meeting FDA-approved IDE study protocols.

D. Replacement of a prosthetic is covered when required due to growth or a change in the patient's condition.

IV. EXCLUSION

Prosthetic devices categorized by the FDA as experimental/investigational (FDA Category A) IDEs.

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